



PERMIT # \_\_\_\_\_  
Office Use Only

**RESIDENTIAL PERMIT APPLICATION  
SINGLE FAMILY AND MULTIFAMILY HVAC CHANGE OUT  
ONLY**

I. Fee per unit: \$50.00  
Number of HVAC units (x) \_\_\_\_\_

FEE DUE: \$\_\_\_\_\_ *Make check payable to Town of Bluffton*

DESCRIPTION OF WORK/SIZE OF UNIT (S)

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**II. General Information (Please provide accurate information.)**

Location of Installation: Street # \_\_\_\_\_ Street Name \_\_\_\_\_  
Lot # \_\_\_\_\_ Unit # \_\_\_\_\_ Bldg# \_\_\_\_\_

NAME OF MULTI FAMILY COMPLEX (if applicable) \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Bluffton Business License #: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

OWNER PHONE NUMBER: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

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**III. Affidavit of Compliance**

In accordance with **IRC 2006 & IMC 2006**, I shall assume full responsibility for compliance with all provisions of the technical codes and other pertinent laws or ordinances regarding the installation of mechanical equipment at the above referenced property.

Contractor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

PRINT

NOTARY: \_\_\_\_\_ Signature: \_\_\_\_\_

PRINT

State of Certification: \_\_\_\_\_ Commission Expiration Date: \_\_\_\_\_

Date: \_\_\_\_\_